

Illinois Department of Public Health
COVID-19 Vaccine Delivery Assurance Program RFP
Prospective Respondent Questions

Future COVID-19 Vaccine Provider Questions

1. Question - Is our understanding correct that if an entity fails to both respond to the RFP and meet the elements, they will be precluded from receiving and administering the COVID vaccine?

Answer - If an entity fails to respond to the RFP and meet the elements, they would not be eligible to receive vaccine through a contract with Illinois resulting from this RFP. They would still be eligible to receive vaccine through other current or future mechanisms, assuming criteria for those mechanisms are met.

2. Question - At some point, pharmacies and other healthcare institutions will be able to secure COVID vaccines directly from the manufacturer or a distributor. If this RFP also applies to Phase 2 and beyond, will pharmacies be precluded from securing their own vaccine supplies and administering?

Answer - This contract will not preclude pharmacies from securing COVID-19 vaccines directly from the manufacturer and/or distributor once that option becomes available.

Submission Requirements Questions

1. Question - The state requests pricing and technical proposals be submitted separately. Is one email with two files (pricing and technical) acceptable, or does the State prefer two emails?

Answer - A single email with separate attachments is acceptable.

2. Question - Considering the limited business opportunity and urgent turnaround time and of this proposal, please confirm the State will grant waivers to completing Attachment E.

Answer – The State will not be granting BEP waivers for this contract.

3. Question - Considering the Holidays, would the State grant an extension to the deadline?

Answer - All documentation must be provided by the RFP submission deadline. The deadline for submissions has been extended to January 15, 2021.

4. Question - On page 3, proposals must include “name of vendor, vendor’s address and contact person, including work phone, cell phone and email address.” Is this contact the Project Manager referenced on page 5 of the RFP?

Answer - The contact person used for this RFP should be someone who can speak to the proposed program. It does not have to be the Project Manager, as we understand that individual may be at this time undetermined.

5. Question - On page 3, references are required from entities for whom the applicant “...has provided the same or similar services described in this RFP...” Vendors will have provided immunization. However, some will not have done events. This would seem to exclude them

and would seem to be exactly the wrong approach given the need to mobilize everyone to immunize the population as quickly as possible. Further, this same dot point states "...and of equal or greater vaccination capacity." This is impossible. The COVID-19 vaccination is unprecedented in scope and scale.

Answer - The State will select vendor(s) who provide the strongest proposals and references. Please review the Scope of Work for the more detailed expectations; especially page 5 under EXPERIENCE which states "Vendor must minimally provide details of its seasonal flu immunization program that demonstrates its experience providing successful administration, project tracking and quality control services where immunization of a subset of or the entire population of a state was intended. Details of additional immunization programs that involve a vaccine that requires at least one additional dose within a specified timeframe are desirable."

6. Question - Can IDPH provide a completed template for pharmacies and pharmacists that enables them a successful submission for this RFP?

Answer - Please utilize Attachment G.

Capacity Questions

1. Question - How many eligible patients does the State expect to cover under this opportunity?

Answer - Enough to elicit herd immunity across the state, which may possibly be up to 80% of the population residing in Illinois, with sub-populations as defined within the various phases of vaccine rollout.

2. Question - How many on-site vaccination events do you anticipate needing to complete and how many patients will be attending each (minimum and maximum numbers)?

Answer - This is to be determined and can be negotiated at the time of contract award. For the purpose of the RFP, please demonstrate capacity.

3. Question - Does the State have any distance considerations for pharmacy coverage?

Answer - All Illinois inhabitants should have access to vaccination within a 30-minute drive or less (via car or public transportation).

4. Question - Who is the target population to be immunized pursuant to the RFP?

Answer - Enough to elicit herd immunity across the state, which may possibly be up to 80% of the population residing in Illinois, with sub-populations as defined within the various phases of vaccine rollout.

5. Question - On page 5, the opening paragraph under "Experience". We are unclear as to what is being sought here. Seasonal flu shot data? If so, over what period of time? For the state? By site/event? Is this also asking how the vendor monitors vaccines that require second doses?

Answer – Seasonal flu shot experience according to the pharmacy’s protocol. This may or may not include offsite flu clinics. Information should include the system and process by which a flu season is addressed, such as estimated population, population

vaccinated, data reconciliation, etc. We realize pharmacies do not typically provide vaccines that require a second dose, however any information regarding experience in this is desirable.

6. Question - Will the state be establishing mass vaccination sites? If not, why not? If so, will Illinois pharmacies be providing some or all of the labor to immunize individuals at these sites or is it incumbent upon the vendors selected for this RFP to set up all events?

Answer – Local Health Departments will be establishing mass vaccination sites / Points of Distribution POD's. The vendor(s) would be providing immunizations outside of these mass vaccination campaigns. Vendor(s) will only be responsible for those events they themselves set up.

7. Question - Under Experience: " *Vendor must minimally provide details of its seasonal flu immunization program that demonstrates its experience providing successful administration, project tracking and quality control services where immunization of a subset of or the entire population of a state was intended.* " Can a "subset of" be my local community? Our seasonal flu programs basically amount to vaccinate everyone possible that isn't contraindicated, per public health, CDC and ACIP guidelines. There isn't much of a "program" at hand.

Answer – Providing information on your seasonal flu campaign for your local community is acceptable.

8. Question - Are you allowing local pharmacies to submit a plan for their local population only? Your RFP suggests you are only accepting one contract that will cover the entire state?

Answer - We are seeking to award contract(s) to potential vendors that have statewide coverage.

9. Question - Under "Experience", are pharmacies that have only administered vaccines at their practice sites going to be prevented from providing COVID-19 and related immunization care in their communities?

Answer - The State wishes to award pharmacies with the greatest experience.

10. Question - Under "Additional Requirements", can a pharmacist who is a sole practitioner at their pharmacy be able to participate? Both being project manager and health care provider?

Answer – All pharmacies will be considered; however, preference will be given to those with the greatest reach in this RFP. This would not prevent a smaller pharmacy from subcontracting with the chosen vendor(s).

11. Question - What about pharmacies that are single location? 1-3 locations? 4-10 locations? 11-24 locations? 25 or more locations? Only have regional coverage?

Answer - Pharmacies with the broadest coverage who meet all criteria will be prioritized.

12. Question - What if the pharmacy is the only pharmacy in the county?

Answer – The vendor should include pharmacy location and other pertinent information in their proposal.

Registration and Approval Questions

1. Question - On page 4, under “Registrations,” #2, the “Vendor must be approved or have applied for approval by IDPH as a COVID-19 pandemic vaccination provider upon award.” Do vaccine provider agreements meet this? If not, why not?

Answer – To meet this requirement, the vendor will 1. Need to register in the state immunization system I-CARE and 2. Become a CDC COVID-19 vaccine provider, by an additional agreement in I-CARE. This is what is utilized by IDPH for approval of a COVID-19 pandemic vaccination provider.

2. Question - I-CARE requires pharmacies to complete the CDC's vaccine provider form. Therefore, Illinois already has a vaccine provider agreement which serves a dual-purpose as registration. Now, there is this RFP creating confusion as to whether or not a pharmacy is a vaccine provider. Could a vendor be a provider under federal rules but not under state? If so, how is that reconciled? Does that mean the entity could not receive direct distribution of the vaccine once we get to that point?

Answer - Illinois requires both the I-CARE vaccine provider agreement and the CDC COVID-19 vaccine provider form. Pharmacies already enrolled in I-CARE with an existing CDC vaccine provider enrollment will be considered as meeting this RFP requirement. Once direct distribution of the COVID-19 vaccine is available, nothing in this State contract will prevent a pharmacy from receiving vaccine directly from the manufacturer/distributor.

3. Question - Under Registrations you list the need for both I-CARE and IDPH approval as a vaccination provider to be considered. What is the IDPH process and how do you register? I have an I-CARE registration and have submitted a CDC COVID19 Vaccination Program Provider Agreement to I-CARE, but have not seen any approval. Is the IDPH registration you speak of?

Answer - I-CARE registration and the CDC COVID-19 Vaccination Program Provider Agreement, submitted or acknowledged in I-CARE, are the two components required. The latter approval is not required upon award.

4. Question - If this is a requirement specific to this RFP, why did we register through ICARE to be a vaccination provider without knowing there was going to be an RFP?

Answer – All interested healthcare providers were highly encouraged to register in I-CARE and submit the CDC COVID-19 Vaccination Program Provider Agreement in I-CARE in preparation for mass vaccination, regardless of the mechanism utilized to procure and administer vaccine. A vendor's current enrollment in I-CARE as a vaccination provider does not impact their ability to apply for this RFP.

5. Question - What if a vendor is waiting on I-CARE for an “approved registration” when RFP award timeline is reached?

Answer - Potential vendors must have an approved registration in I-CARE upon award. If there is a delay in registration, because of the I-CARE system, the I-CARE team can address those technical issues as they arise.

6. Question - What is the vendor application and approval process referenced in “Registrations, 2)”?

Answer – Detailed information regarding this process can be acquired by registering in the IDPH web portal at <https://wpur.dph.illinois.gov/WPUR/>

Accountability Requirements Questions

1. Question - On page 2, vendors must submit daily updates via I-CARE. Does “daily” mean next business day? Same business day? Real time? How will this work for vaccination operations undertaken during evening hours? Further, in order to do this, individual pharmacists will need access to I-CARE. Pharmacists who work for or at different pharmacies will need access for each pharmacy they work. This will need to be addressed prior to implementation of this RFP. When can this be accomplished? Additionally, what must be reported in these updates? Can IDPH immediately publish a detailed list of exactly what must be submitted daily?

Answer - Daily updates (every 24 hours) can be submitted at a mutually agreed-upon time.

2. Question - On page 2, vendors must submit daily “documentation of quality assurance checks in a format provided by IDPH.” What constitutes a quality assurance check? Is the format available for inspection?

Answer – Potential vendors should have a system and process already in place for quality assurance checks according to their pharmacy’s protocol. Such as preventing duplicate entries.

3. Question - On page 3, fourth dot point, information must be transferred to the State via Excel or some other agreed upon format. Through which system does the State envision this information be transferred?

Answer – The state IIS via an HL7 connection.

4. Question - One page 3, #5 under “Mandatory Elements” the RFP states there will be “approximately 20 data fields” that must be captured for each patient and submitted to the state. What are those data fields? Can we obtain a list of these data fields immediately? Are all absolutely necessary? Capturing 20 data fields for each patient becomes a time-consuming process that will slow the process of administration of the vaccine.

Answer – The list of data fields will be provided at the time of contract award. They include, but may not be limited to, patient demographic information such as name, DOB, race, ethnicity, address, sex, occupation, etc. Completion of these data fields will be a requirement of CDC and/or the State, and are subject to change.

5. Question - On page 4, under "Planning and Implementation", #2 requires the vendor to

"remain[s] in direct communication with IDPH appointee on weekly basis." Regarding what? Given the daily flow of information, why is this necessary?

Answer - As this is an emergent situation, the vendor will need to be available to receive updated guidance from IDPH.

6. Question - On page 4, under "Planning and Implement action", #8 requires a vendor to "Adhere to all applicable Centers for Medicare and Medicaid (CMS) COVID-19 requirements." Specifically, to which requirements is IDPH referring? Is this meant to refer to billing requirements? More than billing requirements? On a related note, what billing requirements does the state envision imposing?

Answer – Information on CMS requirements can be found at <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

IT Infrastructure Questions

1. Question - One page 3, under "Mandatory Elements," #2 reads "a system already in place for scheduling, registration, administering, tracking, providing follow up, as well as reminding and securing an appointment for a second dose, with documentation of administration, for each client serviced." What if a potential vendor does not have this system in place by January 8th, the due date for submissions, but will by January 18th or February 18th? If such vendors are not allowed in as they become eligible, Illinois is creating an unnecessary and counter-productive bottleneck. Most such systems are opt-in systems meaning the patient must opt-in to receiving. This was done to address privacy concerns of patients. Is IDPH stating that patients are now required to be enrolled in such systems? Can there be two-systems? For example, a text system reminding a patient to schedule with a link to a web-based system to actually schedule?

Answer - The State expects a potential vendor to have a system already in place that has proven results. Patients would not need to be previously enrolled in this system to receive the COVID-19 vaccine. Separate integrated software would be allowable to represent the system/process for the COVID-19 vaccination requirements.

2. Question - Mandatory Element #4 regarding integrating with I-CARE: The previous requirements were to integrate OR submit to I-CARE manually. Not all systems are able to integrate with I-CARE and some integrations cost more money than is feasible. Can we manually submit to I-CARE?

Answer – I-CARE required information must be submitted in I-CARE.

3. Question - Should VAERS reporting not be completely be handled through the VAERS.gov website?

Answer - Yes VAERS reporting will occur directly on the VAERS.gov website. The potential vendor simply needs to demonstrate that they follow this process.

4. Question - What is being done to ensure I-CARE capacity for providers uploading data (within 24 hours) into the I- CARE system?

Answer – The I-CARE system has the capacity for the requested upload schedule.

5. Question - What upgrades and information technologies are being implemented for I-CARE to interface with Pharmacy Management Software and bridging HL7 data conversion?

Answer – The I-CARE system is able to be interfaced via the state IIS via an HL7 connection.

Phase-Related Questions

1. Question - Which phase(s) is the State planning for: Phase 1a, 1b, 1c, and Phase 2?

Answer - All of the above; however Phase 1a will be nearing completion if not complete upon contract award.

2. Question - Can the state give us its definitions who falls into 1b and 1c?

Answer – For priority populations, please refer to <https://dph.illinois.gov/covid19/vaccination-plan>

3. Question - Estimated timeline of activation of 1b and 1c?

Answer – IDPH expects phase 1b to be activated in late January or early February. Phase 1c is dependent on phase 1b, which is dependent on the supply and the uptake in each given priority population. Please see <https://dph.illinois.gov/covid19/vaccination-plan> for updates.

4. Question - To which phase(s) is this RFP applicable?

Answer - All phases, though phase 1a will be at or near completion at the time of contract award.

Third Party Questions

1. Question - Please expand on the State’s requirement to provide vaccines at “third party” locations. How many locations and where; number of employees, etc.

Answer - This is to be determined and can be negotiated at the time of contract award. For the purpose of the RFP, please demonstrate capacity.

2. Question - On page 4, under "Planning and Implementation", #9 requires the vendor to "schedule, staff, and coordinate vendor-operated pre-existing locations." What does IDPH consider to be preexisting locations"?

Answer - These would be the vendor’s pre-existing locations.

3. Question - Who are the third parties envisioned in “Planning and Implementation, 10)“?

Answer – Third parties may include, but are not limited to, Community Integrated Living Arrangements (CILAs), group homes, assisted living facilities and/or other congregate care settings.

Eligibility Questions

1. Question - Who would designate eligibility to the patient and how will they be informed of their eligibility?

Answer - All Illinois residents would be eligible in accordance with the phased/tiered approach.

2. Question - Whether for individually scheduled appointments or events, what proof of eligibility will be required of the patients?

Answer - All Illinois residents would be eligible in accordance with the tiered approach.

3. Question - How many eligible patients does the State expect to cover under this opportunity?

Answer - Up to at least 80% of the population residing in Illinois, with sub-populations as defined within the various phases of vaccine rollout.

4. Question - Who will decide which patients are eligible COVID vaccine recipients and how will they be informed of their eligibility?

Answer - All Illinois residents would be eligible in accordance with the phased/tiered approach.

5. Question - Will vendors be required to ask for proof that a person seeking immunization is currently eligible? If not, how do they ensure those who have been prioritized are the only ones receiving the vaccine? If so, what will constitute proof? Who must provide it? Must it be verified? If so, how? Must it be recorded and submitted to the state? Must it be retained for a certain period of time? If so, how long and to whom must it be provided upon inspection or request? Who is not eligible to inspect it?

Answer - Individuals shall not be turned away due to lack of proof they meet the eligibility based on phase.

6. Question - Which patient populations will be designated to receive the vaccine from the State Contracted Provider versus the currently established LHD sites?

Answer - This contract is to supplement LHD mass vaccination efforts and provide more options for clients. Patient populations will not be designated.

Vaccination Event Questions

1. Question - For clarity, is the State seeking a vendor pharmacy to offer both individually scheduled on-line appointment at a pharmacy, as well as scheduled vaccination clinic event days?

Answer - This will be at the discretion of the pharmacy based on their own throughput model.

2. Question - Is a pharmacy required to offer both individually scheduled on-line appointments as well as scheduled vaccination clinic event days?

Answer - This will be at the discretion of the pharmacy based on their own throughput model.

3. Question - How many on-site vaccination events does the State anticipate needing?

Answer - This is to be determined and can be negotiated at the time of contract award. For the purpose of the RFP, please demonstrate capacity.

4. Question - How many patients will be attending each event?

Answer - This is to be determined.

Number of Awards Questions

1. Question - Page 3 contains boilerplate language that “The State reserves the right to award to the vendor(s) that have the best overall proposal within the State’s timelines and to issue supplemental solicitations as warranted. The State may award to the most responsive and responsible respondent whose proposal best meets the criteria listed below.” This raises several questions: Does the state envision only one or two vendors? If so, how does the state envision meeting immunization needs without the broadest possible participation?

Answer: The State seeks to award to all vendors who have the best overall proposal.

2. Question - This paragraph on Page 3 references “supplemental solicitations.” What does this mean? Does this mean that a potential vendor who could not, as an example, meet a required element by January 8th but could on February 1st can notify IDPH of their availability and be folded into the program? Would another RFP be required to add additional providers? If so, how does IDPH envision meeting the vaccination needs of the population working thru the time delays inherent in an RFP? For example, pharmacies that did not have cold storage have ordered cold storage and are anticipating delivery and installation in the near future. These investments have been made in anticipation of participation based on federal and state pronouncements to this point. Have these investments been made in vain?

Answer - The State may choose to release additional RFPs. Those that are unable to meet the deadlines/receive a contract with this RFP may submit any future proposals requested. Investments in infrastructure prior to a contract are at the vendors’ expense.

Subcontractor Questions

1. Question - On page 4, under “Planning and Implementation,” #1 states that vendors must include in their operational plans subcontracting “with local pharmacies in areas where they do not have a corporate presence.” First, there are limited numbers of pharmacies with which to subcontract. What if there are none available or willing? Second, this raises significant liability concerns and raises accountability questions considering these individuals are not direct employees. Third, will these pharmacies be able to sub-contract with more than one vendor? Fourth, does it have to be another pharmacy or could it be, as an example, a nursing service? Fifth, will the state distribute to the subcontracted pharmacies or will the vendor be required to re-distribute to the sub-contracted pharmacy? Will the sub-contractor be responsible for fulfillment of applicable reporting requirements or will those run through the vendor?

Answer – The State understands that there may be no pharmacies available or willing to subcontract with the potential vendor. However, the RFP should demonstrate the ability to do so, including addressing liability and accountability concerns. The subcontracted vendor would

subcontract under the terms and conditions of the vendor; i.e. if the vendor pharmacy wishes to utilize a local pharmacy as a sole vendor, that should be stated in the subcontract.

2. Question - Why should a pharmacy subcontract with any other pharmacy outside of their corporate structure?

Answer - In order to ensure full coverage across the State and address accessibility concerns.

Legal Questions

1. Question - Is this subsequent award to eligible respondents considered a "purchase of care" contract under 30 ILCS 500/1-15.68? If not, why not?

Answer - This contract is not a purchase of care contract. It is being issued as an emergency declaration contract.

2. Question - Is the program contract written? If so, can the state provide an advance copy of the program contract?

Answer – The contract will be available for review prior to the vendors' estimated start date.

3. Question - Will the award/acceptance subject the vendor(s) or any of the vendor(s) sub-contractor(s) to any government contractor requirements not delineated in the RFP? If so, what are those additional requirements?

Answer – Vendors will need to complete the Standard Certifications document and the Financial Disclosures and Conflicts of Interest document prior to contract award. Vendor must disclose any work performed outside the United States. Vendor understands that Termination for Cause is allowed under the contract. Termination for Convenience with 30 days written notice to vendor is also allowed under the contract. Force Majeure is also included in the contract (the contract may be canceled without penalty if unforeseeable circumstances prevent the vendor from resuming performance within 30 days of a disaster declaration. The contract is contingent upon and subject to the availability of funds. All invoices must be submitted prior to the end of the contract term. Billing can only be for the duration of the contract term. Vendor shall maintain records for a period of six (6) years. There is an indemnification and liability clause as well.

4. Question - Are any other health care providers being required or requested to submit any similar type of RFP as the COVID-19 Vaccine Delivery Assurance Program?

Answer - The State wishes to partner with pharmaceutical entities via this RFP. Other immunizing entities have different agreements with the State.

5. Question - How is IDPH ensuring that the insurance plans under the authority of the Department of Insurance and Department of Healthcare and Family Services' Medicaid and Managed Medicaid programs will recognize pharmacists as health care providers?

Answer: HFS was provided with federal PREP Act, authorizing pharmacists to order and administer COVID-19 vaccines, and pharmacy techs to administer COVID-19 vaccines under the direction of a licensed pharmacist. There was never a question of pharmacists being healthcare providers.

6. Question - How is IDPH ensuring that the insurance plans under the authority of the Department of Insurance and Department of Healthcare and Family Services' Medicaid and Managed Medicaid programs will not require adherence to VFC programming in relation to COVID-19 vaccines?

Answer – Pharmacies are not enrolled in VFC. HFS has programming in the system based on the vaccine procedure codes that require adherence to use VFC vaccines; however, the COVID vaccines are not coded to require adherence to the same billing methodologies and policies.

Please refer to the COVID-19 vaccine toolkit using the link below link below:

<https://www.medicaid.gov/state-resource-center/downloads/covid-19-vaccine-toolkit.pdf>

P. 6, "Because vaccine distribution is outside of the VFC program, a provider does not need to be enrolled in the VFC program to administer a COVID-19 vaccine to children eligible for the VFC program (i.e., under age 19). It is expected that a COVID-19 vaccine for younger children will become available in 2021."

7. Question - How is IDPH ensuring that the insurance plans under the authority of the Department of Insurance and Department of Healthcare and Family Services' Medicaid and Managed Medicaid programs will ensure enforcement of remuneration of CMS defined administrative fees and other related codes and fees?

Answer – For information on Pharmacy billing, please refer to:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210107a.aspx>

8. Question - How is IDPH ensuring that the insurance plans under the authority of the Department of Insurance and Department of Healthcare and Family Services' Medicaid and Managed Medicaid programs will not erect barriers to provider recognition, access, and remuneration for immunization care services provided to Illinois citizens?

Answer - No barriers have been erected. The PREP Act applies when licensed providers under Illinois law are not available. The PREP Act would not override physicians and nurses carrying out vaccination clinics, to give preferential access to pharmacists, for example.

9. Question - Should VAERS reporting not be completely be handled through the VAERS.gov website?

Answer - Yes VAERS reporting will occur directly on the VAERS.gov website. The potential vendor simply needs to demonstrate that they follow this process.

10. Question - What is being done to ensure I-CARE capacity for providers uploading data (within 24 hours) into the I- CARE system?

Answer – I-CARE has sufficient capacity to upload mass vaccination data into the I-CARE system.

11. Question - What upgrades and information technologies are being implemented for I-CARE to interface with Pharmacy Management Software and bridging HL7 data conversion?

Answer – The vendor would need to ensure their Pharmacy Management Software is able to bridge the HL7 via the IIS.

Fiscal Questions

1. Question - Is the **COVID-19 Vaccine Delivery Assurance Program** a grant program?

Answer - This will be a contract, not a grant.

2. Question - Additional Requirements #7 Proposed Pricing: You only offer two boxes for Rural or Urban. I assume this means travel to these locations. What about in-store vaccinations that do not involve travel?

Answer - You would not need to include travel costs if there would be no travel.

3. Question - Planning and Implementation #10, regarding travel to facilities. The federal contract already awarded the vaccination of facilities to Walgreens and CVS, will this change and now include local pharmacies able to vaccinate the facilities they already serve?

Answer – The federal contract to Walgreens and CVS was specific to providing vaccines at Long Term Care facilities. The State wishes to supplement, and not replace, federal vaccination initiatives.

4. Question - Why are we submitting prices if the Administration Fees are fixed from the federal government?

Answer - Budget submission is always required with an RFP as part of the competitive proposal review.

5. Question - Can IDPH provide a sample budget with the items that are required or needed for a successful submission for this RFP?

Answer - Please utilize Attachment A.

6. Question - Will IDPH ensure that subcontracted pharmacies are paid, remunerated, and/or reimbursed at the same rate of the contracting pharmacy?

Answer - The contracted pharmacy will ensure this.

7. Question - Under "Additional Requirements", 7), why should pharmacies and pharmacists submit pricing (Pricing has been set - e.g. administration fees - by CMS)?

Answer - Budget submission is always required with an RFP as part of the competitive proposal review.

8. Question - If this is an RFP and not a grant, why does a pharmacies or pharmacist need to submit a budget?

Answer - Budget submission is always required with an RFP as part of the competitive proposal review.

BEP Questions

1. Question - Is the BEP requirement of 4% a GOAL? Or is it a mandatory REQUIREMENT to fulfill the 4% spend?

Answer - It is a mandatory requirement that 4% of the total contract value be awarded to BEP vendors registered with the State of Illinois.

2. Question - If a company currently exceeds the 4% (BEP) rate listed under the question about women, minorities and disabilities as a usual course of business, does that suffice for this RFP?

Answer - Yes that is sufficient and ideal.

3. Question - On page 5, under "Additional Requirements" there is a BEP target goal of 4% of the total anticipated award amount. Upon what base is the 4% calculated? And since Prevailing Wage applies (see questions 13, 29, and 30}, how does this impact the 4%? Is BEP participation inclusive or only for those administering the vaccinations?

Answer – The 4% BEP goal is a percentage of the total contract award. The Vendor can contract with one or several BEP Vendors to meet the goal.

4. Question - Are all of the elements of this RFP being imposed upon other immunizing entities? If not, why not? If only some, which and why only those?

Answer - The State wishes to partner with pharmaceutical entities via this RFP. Other immunizing entities have different agreements with the State.

5. Question - Additional Requirements #2 BEP: This point suggests that this program was announced much earlier if questions were to be received by December 21st? Does BEP submission receive priority over non-BEP?

Answer – This program was not announced prior to this RFP posting. The deadline for posting questions was extended to January 3, 2021. Proposals will be scored on all of the criteria stated in the Scope of Work, with BEP submission being one of the criteria. All submissions will be treated the same. Each will be assessed to ensure all submission requirements have been met.

6. Question - Also with the BEP point, it says 4% is the target for BEP providers. This suggests multiple awards, but the scope said one award to a provider that can cover the entire state? Which is it?

Answer - The Scope of Work states that "The State seeks to award contracts for state-wide mass vaccination administrators with locations in multiple urban and rural areas within the State of Illinois." BEP vendors, if not the primary contractor, will be subcontractors to the primary contractor.

7. Question - Explain how and if BEP conflicts with any willing provider regulation set forth in the Illinois Insurance Code and the Managed Care Reform and Patient Rights Act and other related Acts that ensure patient access, especially to Critical Access Pharmacies?

Answer – A BEP goal does not conflict with Illinois law or other applicable regulations.

State Approach Questions

1. Question - Why is the state going through this RFP selection process?

Answer - In order to ensure the Illinois population is vaccinated timely with ample provider coverage.

2. Question - Could the state simply ask for access to the CDC's Pharmacy Partners list and allocate state/county vaccine directly to those providers based on the current state/LHD phase? CDC pharmacy partners includes flu shot counts per week by location.

Answer - This RFP is meant to supplement the CDC pharmacy partnership.

3. Question - If the state cannot simply ask for access to the CDC's Pharmacy Partners list, could the state use the CDC's provider agreements form to assure compliance to ACIP and CDC guidance for appropriate populations and storage? This also includes access to ordering any doses CDC or a state allocates to a provider.

Answer - Contracts through this RFP will require being an IDPH approved COVID-19 vaccine provider utilizing the CDC COVID-19 vaccine provider agreement within I-CARE.

4. Question - Rather than the state contract, could the State simply allow administration fees to be billed (1) private insurance (2) state Medicaid for covered lives (3) Medicare for covered lives, using the appropriate Medicare region billing rates for 1st and 2nd doses of COVID-19 vaccines?

Answer - The State contract would be required for pharmacies to receive COVID-19 vaccines directly from the State.

5. Question - Has the state of Illinois advocated with the Federal Government for the activation of the Federal Retail Pharmacy Partnership?

Answer - The State has not opted out of the Federal Retail Pharmacy Partnership. This RFP is meant to supplement this federal initiative.

6. Question - What actions are being implemented to fully utilize the Federal Retail Pharmacy Partnership to establish the need of a state-based network and/or

mechanism to fill gaps in access and care?

Answer – The State intends to fully utilize the Federal Retail Pharmacy Partnership. This RFP is to supplement, not replace, any current and/or future federal initiatives.

7. Question - Was the CDC COVID-19 Vaccination Program Provider Agreement not considered to be adequate for determination of a pharmacist, pharmacy, or other health care provider to be able to meet ability and compliance under the standards set by the CDC and IDPH for mass vaccination?

Answer - The CDC COVID-19 Vaccination Program Provider Agreement is what IDPH uses to determine eligibility as a COVID-19 vaccine provider. Pharmacies must also be enrolled in ICARE.

8. Question - Why is IDPH not utilizing a statewide version of the ***Illinois Statewide Medical Countermeasures/ Strategic National Stockpile Pharmacy-Local Health Department Memorandum of Understanding*** that was developed back in 2017 between IDPH and the pharmacy profession?

Answer - The MOU from 2017 is between local health departments and pharmacies. This will be a contract between IDPH and pharmacies.

9. Question - If the goal is to vaccinate as many citizens as possible, then why is there an RFP process at all? Every pharmacy who is registered with ICARE, that meets the requirements, and is willing and able to vaccinate should be in this program. This goes against every announcement the Governor has made regarding vaccinating the State.

Answer - This program is to ensure vaccine allocated federally to the State is fully utilized. The contract(s) will serve as a formal agreement between the vendor(s) and IDPH for distribution of the State's federally-allocated vaccine.

10. Question - Since Walgreens and CVS have already been awarded the ONLY contract given out for COVID vaccination thus far, will there be any consideration to include pharmacies OTHER THAN those two?

Answer – The State will award contracts to pharmacies with the strongest proposals and most competitive pricing.

11. Question - What is the process of pharmacies to be able to access the state's SNS for vaccine related supplies and PPE?

Answer – All vaccine shipped to the vendor will include related ancillary supplies provided by the Federal Government. Any additional supplies such as additional ancillary supplies or Personal Protective Equipment (PPE) is the responsibility of the vendor.

12. Question - Planning and Implementation #6 states that the provider is required to purchase the necessary supplies (needles, syringes, PPE, etc...) however the CDC says the initial supplies will be supplied to us. Will this change with the state plan?

Answer – All vaccine shipped to the vendor will include related ancillary supplies provided

by the Federal Government. Any additional supplies such as additional ancillary supplies or Personal Protective Equipment (PPE) is the responsibility of the vendor.

13. Question - What is the City of Chicago plan for utilizing pharmacists and pharmacies for COVID-19 vaccine rollout?

Answer – This RFP does not apply to the city of Chicago.

Prevailing Wage Questions

1. Question - What work would be expected to be completed at “prevailing wage?” Flu vaccines and other essential services do not have this requirement and may limit the number of providers capable of providing mass clinics, limiting how quickly vaccine can be delivered.

Answer - Prevailing wage, when required by law, is a requirement of the State. Volunteers can be utilized as long as they meet the criteria as vaccine providers.

2. Question - In terms of pricing, Attachment A does not take into account varying costs in different parts of the state. For example, in urban areas with access, costs to administer may be lower. In rural or under-served areas, costs to administer will be much higher. Additionally, this RFP envisions utilizing prevailing wage which is set by county meaning costs will vary by county. How should applicants account for these variables in responding to the pricing component? Is IDPH looking for what pharmacies expect to be compensated to administer the program in various areas per vaccine? In addition to administrative costs?

Answer - Prevailing wage is a requirement of the State. Volunteers can be utilized as long as they meet the criteria as vaccine providers. The State will award qualified vendor(s) with the most competitive pricing.

3. Question - On page 5 under "Additional Requirements", #6 states that prevailing wage rates apply. Which prevailing wage classification will be utilized? Currently, none appear to exist for most of the services that would be covered by this RFP. Even if a rate is created, on what will it be based? Rates are currently set via surveys conducted every June by IDOL. Based on those surveys, IDOL sets rates by July 15th of every year. Entities then have 30-days to request a hearing on those rates. Given the time sensitivity to this RFP and the pandemic response in general, a rate cannot simply be created. Even if a way were found to do so, it would deprive entities of their hearing rights.

Answer - The prevailing wages are revised by the Illinois Department of Labor (DOL) and are available on DOL's official website, which shall be deemed proper notification of any rate changes under this subsection. Vendor is responsible for contacting DOL at 217-782-6206 or (<http://www.state.il.us/agency/idol/index.htm>) to ensure understanding of prevailing wage requirements.

4. Question - For sake of discussion, let's assume a prevailing wage is set. Does this mean the vendors will need to track and pay the prevailing wage based on which county an individual works in on a given day? If so, has IDPH accounted for the fact this imposes a significant and unnecessary additional administrative hurdle for vendors? Has IDPH accounted for the fact this may significantly increase costs? Is this prevailing wage

requirement being imposed upon other entities who will be engaging in immunization efforts? Let's assume Pharmacy A is selected. Must Pharmacy A now change their existing pay structures to meet or exceed prevailing wage rates? If so, for whom, exactly? Everyone who works for Pharmacy A? Only those engaged in administering the immunizations? Everyone in the supply chain? Please be specific.

Answer - The prevailing wages are revised by the Illinois Department of Labor (DOL) and are available on DOL's official website, which shall be deemed proper notification of any rate changes under this subsection. Vendor is responsible for contacting DOL at 217-782-6206 or (<http://www.state.il.us/agency/idol/index.htm>) to ensure understanding of prevailing wage requirements.

Administration Fee Questions

1. Question - If a patient does not have insurance, will the state cover the vaccine administration fee?

Answer - The State will award qualified vendor(s) with the most competitive pricing.

2. Question - If the patient does not have healthcare coverage thru a federal or state program or does not have private health insurance, will the state be covering the cost of the vaccine and the cost of leading up to and including administration? If the state will be covering, at what rate(s) for each dose?

Answer - The State would be providing a portion of its federal allocation of vaccine free of charge. This is a competitive proposal and qualified proposals with the lowest cost will be considered first.

3. Question - Who is the IDPH appointee? Are they local health departments? Will it be different for all counties? Regions? The City of Chicago?

Answer - The IDPH appointee will be an employee of IDPH and will be located in Springfield and/or Cook County. This RFP does not apply to the City of Chicago.

4. Question - Explain how "Planning and Implementation, 13)" differs from the previous requirements?

Answer – Proposals will be evaluated using the Proposal Specification Checklist Table. If a proposal addresses Planning and Implementation #13 within other sections of the proposal, these elements should be referenced by sections and page numbers on this checklist in order to be reviewed.

